

# Sub Account Request

(For Existing Accounts Only)



Company ID / Account Number: \_\_\_\_\_

## SECTION 1: ACCOUNT INFORMATION

Preferred Username: \_\_\_\_\_ \*Office Ally cannot guarantee that this username will be available.

**Main Contact** (Contact information on new username will be identical to current username unless contact information is provided here)

Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**Authorized Contact:** (Contact information on new username will be identical to current username unless contact information is provided here)

\*To add additional Authorized Contacts [click here](#) and complete the additional form. Note: The form must be returned with this Separate Username Request form in order to be processed.

Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Send Invoices to this Authorized Contact? Yes ☐ No ☐ \*At least one Authorized Contact must be set to receive invoices.

## SECTION 2: PROVIDER INFORMATION

The information provided will reflect on new username, unless otherwise specified.

Solo Provider Name or Group Name: \_\_\_\_\_

## SECTION 3: ELECT PRINT OPTION, NON-PAR CLAIMS POLICY ACKNOWLEDGEMENT & SFTP SETUP

**Elect Printing Option** You are REQUIRED to make a choice below (check only one)

- ☐ Do not print any claims for me. I understand that if I transmit claims that cannot be sent electronically, they may be rejected back to me.
- ☐ I hereby allow Office Ally to print and mail to the appropriate payers the claims that are not accepted electronically as indicated on the payer list and the provider's pre-enrollment status. I agree to pay Office Ally \$0.45/claim\* for claims sent to insurance companies/payers and \$0.55/claim\* for claims sent to individuals (such as patients or attorneys) or to foreign countries. I further understand that it is my responsibility to ensure that all pre-enrollment forms are properly completed, submitted, and approved, and that Office Ally is aware of the approval. Claims I submit to payers that require pre-enrollment, where the approval has not been logged in Office Ally's system, will be printed, and mailed at my expense.

### Non-Par Claims Policy

Initial  
Here: \_\_\_\_\_

I understand that for each unique Tax ID + Rendering NPI combination where any electronic Non-Par claims are submitted in a month, the Non-Par processing fee of \$44.95\* will be charged for that unique Tax ID + Rendering NPI combination for that month. For Institutional claims, if no rendering NPI is present the Attending NPI will be used. If neither Rendering or Attending NPI is present, the Billing NPI will be used for this calculation (applies to all claim types).

# Sub Account Request

(For Existing Accounts Only)



## SFTP Setup

Do you need an SFTP account created?      Yes ☐      No ☐

If yes, what is the name of the software uploading claims? \_\_\_\_\_

## Grouped Accounts

Would you like to group this with your Grouped Account?      Yes ☐      No ☐

If yes, what is the Grouped Account # (it should start with an A)? \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Contact, President, CEO, or Owner

\_\_\_\_\_  
Printed Name of Signer

\_\_\_\_\_  
Title of Signer

\_\_\_\_\_  
Date Signed

Please send completed form by email to [support@officeally.com](mailto:support@officeally.com) or by fax to (360) 314-2184.

For questions call (360) 975-7000. \*Rates and Payer List are subject to change.